

## INDEX OF SURGICAL PROGRESS.

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### GENERAL SURGERY.

I. **Cocaine in the Surgery of the Present.** By Drs. RECLUS and WALL (Paris). However extensive the application of cocaine is to-day, especially in minor surgery, it takes, according to the authors, not by far the position which it deserves as a local anaesthetic. This assertion is supported by the fact that the authors perform not only the minor operations of daily practice, but also have undertaken major operations, as castration, radical operation for herniae and hydroceles, extirpation of also larger tumors, exarticulations of fingers, irrigation of joints, etc., under cocaine anaesthesia, to their as well as the patients' satisfaction. The explanation of these favorable results lies partially in the manner of the administration of this anaesthetic and perhaps still more in the dosage of the same.

As regards the former, it depends above all upon bringing the most sensitive part, i. e., the skin itself, into contact with the anaesthetic by the injection. This is a very simple fact but is not always sufficiently attended to. In order to do this, one must not inject into the subcutaneous tissue, but must enter the cutis itself, by the greater resistance of which one can convince himself at every moment. If one proceeds slowly in injecting, larger areas of the cutis may be rendered anaesthetic with a relatively small amount of the anaesthetic, without annoying the patient very much. It is well to keep in mind the intended incision during the injection.

Very often this mode of injection will suffice. In case of incisions going more deeply (extirpation of tumors, etc.) it is advisable also to penetrate into the deeper tissues; especially tumors should, as the authors express themselves, be surrounded by a cocaine atmosphere.

In epidermis changed by inflammatory processes, the authors have seen the same favorable results. The injection here should be performed slowly, so that no disagreeable feeling of pressure may be caused, as there exists already a higher degree of tension. One should not puncture an inflamed portion of the skin but proceed gradually toward the focus of the inflammation.

If one desires to have cocaine act upon serous membranes, e. g., in the treatment of hydrocele by iodine injection, it may be injected half an hour before the puncture or after the evacuation of the hydrocele fluid immediately before the injection of the tincture of iodine. In irrigation of the joints at first the skin and the subcutaneous tissue and then through further pushing forward of the canula the surface of the joint is rendered anaesthetic.

The authors also employed cocaine to obtain anaesthesia in stretching of the sphincter ani muscle. They puncture closely to the mucous membrane, deep enough to be sure that they have reached the upper most fibres of this muscle, and inject in six different places a half-syringeful.

In extraction of ingrown toe-nails the authors had no results with cocaine. In longlasting atypic operations, as extirpation of glands, etc., cocaine is, according to the view of the authors, valueless.

As regards the dose, it depends upon the cases and varies very much. In general a 5% solution (a relatively weak solution) was used; of such up to 5 Pravaz syringe ful, i. e. 25cgm., were injected. It may be remarked that the later dose was rarely reached. Nearly always three-fourths of a syringe ful sufficed to produce entire analgesia.

As the authors have never seen, among a large number of cocaine anaesthesias, any serious accidents happen, in spite of relatively large doses having been given, they are, of course, very much inclined to estimate the dangers connected with the application of cocaine, to be very slight.

One has, according to the authors, to take extreme care in injections into vascular regions or directly into the veins; also in the so-called "*injections perdues*," in which after the injection no bloody operation is performed, but as in case of sphincter-stretching, the whole

dose remains in the system. The remedy may also become dangerous in cachectic individuals or in persons suffering from renal affections. That here and there also a case of cocaine idiosyncrasy comes under observation is not denied by the authors; but they think themselves justified in not judging otherwise in regard to this complication in the use of cocaine, as is done in regard to a great number of other remedies which are used by us every day.—*Revue de Chirurgie*, 1889, No. 2.

F. H. PRITCHARD (Boston).

**II. Treatment of Tetanus by Means of Absolute Rest.**  
By E. DE RENZI (Italy). The author has before made the statement that the best remedy for tetanus is absolute rest of the patient. He has already cured four out of five cases by this method. The tetanus patients were taken into a completely isolated, quiet and darkened room and their ears stopped; the floor of the room was carpeted. All of the manipulations were made, when possible, in the dark; only fluids were given as nutriment and absolute bodily rest was insisted upon. If they suffered from violent pains belladonna and secale cornutum were given internally. He gives the complete history of a case of traumatic tetanus which recovered under this method of treatment.—*Riv. Chir. e Terapeut.*, No. 1, 1889.

A. PICK (Boston).

#### HEAD AND NECK.

**I. Case of Successful Removal of Cerebral Tumor.** By RUSHTON PARKER, F.R.C.S. (Liverpool). Robust male, æt. 38 years. Long standing headaches, mental dullness, total paralysis of left arm, paresis of left leg. No optic neuritis. In addition to the ordinary method of localizing the Rolandic line, a puffy swelling of the scalp in front of the right parietal eminence was accepted as indicating the site of the deeper lesion. Situated in the region which must have been chosen, it was accepted as the guide, exposed in the middle of the flap turned down, and found to consist of pericranium, thickened and softened though retaining its textural continuity, and at the end of the operation was dissected away. The skull was opened with a one and-a-half-